

Delaware Health and Social Services  
Medical Care Advisory Committee (MCAC)  
June 13, 2012 Meeting Minutes

<b>Date:</b> June 13, 2012  <b>Place:</b> Easter Seals Kearns Center 61 Corporate Circle New Castle, DE 19720  <b>Time:</b> 9:00 a.m. – 11:00 a.m.  <b>Presiding:</b> Chairman Richard Cherrin		<b>Members Present:</b> Kris Bennett, Richard Cherrin, Wendy Gainor, Dr. Leonard Nitowski, Dr. Julia Pillsbury (via phone), Yrene Waldron, Judith Chachonas, Penny Chelucci, Calvin Freedman, Glen Goleburn DMD, Donna Barton on behalf of Lori Ann Rhoads, Lisa Schieffert <b>Guests:</b> Sara Martin, Gwen Cleary, Cheryl Heiks, Debbie Hanulk <b>Members Absent:</b> William Adami, Brandi Niezgoda, Ann Phillips, Jill Rogers, James Lafferty, Olga Ramirez <b>Staff Present:</b> Dr. Anthony Brazen, Cindy Denemark, Becki Gallagher, Steve Groff, Rosanne Mahaney, Dave Michalik, Shelia Nutter, Glyne Williams, Lisa Zimmerman	
TOPIC FOR DISCUSSION	DISCUSSION / ISSUE	ACTIONS	FOLLOW UP RESPONSIBILITY
<b>Call to Order:</b> <i>Richard Cherrin, Chairman</i>	Chairman Cherrin called the meeting to order at 9:04 a.m. Chairman Cherrin introduced the newest member of the MCAC, Glen Goleburn, DMD.		
<b>Approval of Minutes:</b> <i>Richard Cherrin, Chairman</i>	Chairman Cherrin called for any additions, alterations or corrections to the 3/4/11 meeting minutes. Being none, Ms. Chelucci motioned to accept the minutes as recorded; Ms. Waldron seconded the motion. Motion carried.		
<b>Old Business:</b> <b>DSHP Update:</b> <i>Glyne Williams</i>	Mr. Williams reported that: <ul style="list-style-type: none"> <li>There are 163,000 individuals in the Diamond State Health Plan (DSHP). 720 individuals decided to change their Health Plan during the 2012 Open Enrollment period that occurred in May, approximately .04% of the population. Specialists have risen to the top of reasons why individuals are switching plans. Open enrollment for next year will include not only the current individuals, but the Plus long term care and dual populations as well.</li> <li>On April 1st, we transferred 10,295 individuals to the Managed Care Program under DSHP Plus. Of those, 3,000 individuals were in nursing homes, 1,565 in home &amp; community based care and 5,730 were community duals (those in receipt of both Medicaid &amp; Medicare and not yet in need of long term care services).</li> <li>We held daily triage calls to identify and resolve any implementation issues. Our DMMA Case Management Oversight Team members are</li> </ul>		

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<p><b><i>DSHP Plus Update (Cont'd)</i></b> <i>Glyne Williams</i></p>	<p>conducting joint home visits with the MCO's to insure they are providing quality case management services as required.</p> <ul style="list-style-type: none"> <li>• There have been some systems' challenges with the MCOs payments to providers, but the MCOs have been very proactive in addressing and resolving them promptly.</li> <li>• There has been no quality of care issues for members. As a result of this new program, the MCOs have hired many new Case Managers and nurses. Some nurses with the Division of Services for Aging &amp; Adults with Disabilities (DSAAPD) have been transferred to DMMA to assist with MCO oversight. DSAAPD is using other staff to expand the responsibilities and scope of its Aging &amp; Disability Resource Center (ADRC).</li> </ul>		
<p><b><i>Pharmacy Update</i></b> <i>Cindy Denemark</i></p>	<p>Ms. Denemark reported that:</p> <ul style="list-style-type: none"> <li>• In May 2011, DMMA started looking at the less-potent pain medications that can cause dependence very quickly such as Percocet or Vicodin, Oxycondone, etc. Beginning July 1<sup>st</sup> we will implement a new policy limiting such medications to 120 doses per 30 days; 720 doses per year. This limit can be exceeded when medically necessary.</li> <li>• Delaware's new Prescription Drug Monitoring Program is now up and running. All pharmacies and dispensaries submit their data to the program on a daily basis for controlled substance prescriptions that are dispensed. Physicians can access that information to determine history of client uses. This allows practitioners to see the client's full history of controlled substances regardless of payer or prescriber.</li> <li>• The Prescription Drug Action Committee (PDAC) includes the Division of Public Health, Medical Society, Pharmacist Society and others working together to assure practitioners have the education and the tools they need prior to prescribing pain medication. They need to be able to perform client assessment and follow pain management protocols. The committee was formed to address the epidemic related to narcotic dependence and prescription drug overdoses.</li> </ul>		

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<b>HBE Update</b> <i>Steve Groff</i>	<p>Mr. Groff stated:</p> <ul style="list-style-type: none"><li>• Under the Affordable Care Act (ACA) all states must have a Health Benefit Exchange in place by January 1, 2014. States have the option to build their own exchange or defer to the federal exchange. Delaware plans to utilize the Federally Facilitated Exchange (FFE), with DOI maintaining management of the Delaware Health Plans operating within the Exchange. This allows DOI to continue to set insurance regulatory rules and have some control over plan choices and customer service. With the FFE, states can allow the FFE to make Medicaid eligibility determination for those that apply for Medicaid via the Exchange, or states can opt to have the FFE perform a screening and defer to the state to make the final Medicaid eligibility determination. We are evaluating the pros and cons of these options.</li><li>• Individuals above the Medicaid limit but below 400% of the federal poverty level (FPL) will be able to purchase insurance through the exchange and qualify for tax subsidies to help with that purchase. Medicaid will be expanded to adults with income at 133% FPL (138% with the 5% disregard). Delaware currently covers adults up to 100% FPL.</li><li>• Delaware is making major changes to our client eligibility system with the federal government covering 90% of the cost of these system changes.</li><li>• The benefit package offered by all Health Plans operating within the exchange must include defined “essential health benefits”, which must also include any benefits that are mandated by state regulations. However, the state has to pay for those state-mandated benefits. A complete set of benchmark plan materials can be found at Delaware Health Care Commission website: <a href="http://dhss.delaware.gov/dhss/dhcc">http://dhss.delaware.gov/dhss/dhcc</a> under “What’s New”.</li></ul>		
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<p><b><i>DMMA Update</i></b> <i>Director Rosanne Mahaney</i></p>	<p>Rosanne reported:</p> <ul style="list-style-type: none"> <li>• Legislators are working on putting the 2013 budget to bed. DMMA expects to receive the funds we requested and that were included in the Governor's Recommended Budget, which includes : <ul style="list-style-type: none"> <li>○ \$20.9 million for the growth in Medicaid eligibles.</li> <li>○ \$ 4 million for hospitals that serve a disproportionate share of Medicaid and uninsured people.</li> <li>○ \$1 million to get access to DHIN information for Medicaid Managed Care Organizations so they can improve their care and disease management programs.</li> </ul> </li> <li>• We are working with the nursing home industry on nursing home quality assessment legislation that it has proposed. It has passed the Senate and is with the House now. It will generate the state dollars needed to match against federal dollars to give the nursing homes a Medicaid rate increase. The nursing home rates have been frozen since 2008. This is a mechanism used in many other states to fund providers Medicaid rate increases.</li> <li>• We are talking with the Division of Developmental Disability Services (DDDS) on recommendation by the Medicaid Cost Containment Commission regarding dental services. We may be able to add dental as a Waiver service under the DDDS' Home and Community Based Waiver for the developmentally disabled. DDDS is spending all state dollars to provide its clients with some dental services.</li> <li>• DFAC comes out this Friday. We anticipate revenues to be fairly flat.</li> <li>• We will be releasing a RFP (request for proposal) this fall for a new MMIS (Medicaid Management Information System), which processes Medicaid claims, generates Surveillance &amp; Utilization Review reports, etc. This system will have to meet new federal modular, economical, and operable requirements in order to qualify for the federal enhanced match of 90% for development costs and 75% operational costs.</li> <li>• We have released a RFP for an external quality review organization (EQRO) that states are mandated to use to oversee our managed care organizations adherence to our contract and quality requirements.</li> </ul>		
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<i>Additional Comment</i>	<ul style="list-style-type: none"><li>• We are also working on one of the mandates under the ACA, which is to increase our reimbursement for primary care services provided by physicians with a primary specialty designation of family medicine, general internal medicine or pediatric medicine to 100% of Medicare effective January 1, 2013. We currently pay at 98% of Medicare. Primary care services will be identified using the Evaluation and Management (E&amp;M) codes and immunization services codes established by Medicare.</li><li>• Dave Michalik noted that DMMA regulations on Telemedicine will be put out in July for public comment. Several stakeholders have been involved with this new policy and are anxious to have Medicaid start reimbursing for telehealth a.s.a.p.</li><li>• House Bill 326 would move the Health Resources Board that manages Delaware's Certificate of Health Review from DPH to the Health Care Commission to better coordinate policy goals within the state. It also would reduce the size of the board from 21 members to 15 members and remove organizational designations so it would be broader designations. The board will retain its decision making authority. This Bill is now on the House Agenda now.</li></ul>		
<i>Adjournment</i> Chairman Richard Cherrin	<ul style="list-style-type: none"><li>• Being no further business, Chairman Cherrin adjourned the meeting at 10:45 a.m.</li></ul>		

Respectfully submitted,

*Rebecca Gallagher*

Rebecca Gallagher  
Recorder

September 12, 2012

Date Approved

*Richard Cherrin*

Richard Cherrin  
Chairman